

May 3, 2006

Montana Medicaid Notice

Physician, Mid-Level Practitioner and Pharmacy

Refill Too Soon Edit Set to 90% for Controlled Substances (CII-CV) and Tramadol Products

Effective June 1, 2006

Effective June 1, 2006, clients seeking an early refill of a controlled substance, or products containing tramadol, must use 90% of the days' supply of the medication prior to refilling. For example, a 30-day supply of a medication cannot be refilled prior to the 28th day of therapy.

Early refills, particularly for controlled substances, undermine cost saving measures and may facilitate abuse or diversion. Under the current policy, medications written and dispensed for a 30-day supply are eligible to be refilled after only 23 days. As a result, in a 12-month period a client may fill a prescription 16 times. Requiring 90% of the estimated days' supply to be used prior to a refill being authorized will reinforce appropriate prescription use and mitigate many of the abuses associated with controlled substances and tramadol.

This should not prohibit clients from receiving a timely refill of their prescriptions, nor should weekends or holidays pose a problem. Pharmacists continue to have the authority to fill a three-day emergency supply of a client's medication by using the Prior Authorization Type Code of 8 on the point of sale system. Admission to a nursing facility or a change in the dose will continue to be an exception to this policy.

The prescriber (physician, etc.) or pharmacy may submit requests by mail, telephone, or FAX to:

Drug Prior Authorization Unit
Mountain Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
(406) 443-6002 or 1-800-395-7961 (Phone) / (406) 443-7014 or 1-800-294-1350 (Fax)

Any questions regarding this notice can be directed to Roger Citron, RPh, at (406) 444-5951 or the Medicaid Drug Prior Authorization Unit at (406) 443-6002.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

ACS

P.O. Box 8000

Helena, MT 59604